

MCMC

IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

Date:	4/18/05
Injured Employee:	
Address:	
MDR #:	M2-05-1187-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

Review the item in dispute regarding the prospective medical necessity of the proposed repeat lumbar MRI , regarding the above mentioned injured worker.

DECISION: UPHELD

MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 3/15/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The proposed repeat lumbar MRI is not medically necessary.

CLINICAL HISTORY:

The patient is a 48-year-old male with chronic low back pain from an injury of _____. Records from Dr. Randhawa provide a continuous flow of care up to March, 2005. The patient is currently on pain medications. He has previously received injections and a chronic pain program. He was determined by neurosurgical consult not to need back surgery. His current complaints are of back pain only and his neurological examination is negative.

RATIONALE:

The patient is under treatment for chronic low back, without radicular symptoms or findings. There has been no change in his clinical picture for two years or more. There has been extensive non-surgical treatment based on the initial MRI. A neurosurgeon has given an opinion that surgery is not indicated. MRI is not indicated, as there is no suspicion of cauda equina syndrome, tumor, infection, or fracture and no anticipation of surgery. (ACOEM)

RECORDS REVIEWED:

- TWCC Notification of IRO Assignment dated 3/15/05
- TWCC MR-117 3/14/05
- TWCC-60
- Zurich Services Corp.: Non-Authorization after Reconsideration notice dated 2/14/05; Non Authorization notice dated 1/27/05
- Flahive, Ogden and Latson: Response letter dated 3/28/05; Summary of Carrier's Position dated 3/11/05; Journal Article Diagnostic Evaluation of Low Back Pain
- Manjit S. Randhawa, DO: Progress Notes dated 2/6/03 to 3/22/05; letter dated 11/13/03; Physical Modalities Flow Sheets dated 2/19/03 to 9/9/03; Progress Summaries dated 7/2/03, 6/2/03, 5/6/03, 8/7/03; Discharge Summary dated 9/9/03; Surgical Records for DOS 3/20/03; 3/6/03

REFERENCE:

ACOEM guidelines for lower back, Table 12.8 under imaging studies.

The reviewing provider is a Boarded Orthopedic Surgeon and certifies that no known conflict of interest exists between the reviewing Orthopedic Surgeon and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

Your Right to Request A Hearing

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (ten) days or your receipt of this decision (28Tex.Admin. Code 142.5©.)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk
Texas Workers' Compensation commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this

18th day of April 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____